# Oklahoma Oklahoma Department of Environmental Quality (ODEQ)

Re: 7520 Reports for the Fourth Quarter of FY2014

4<sup>th</sup> Quarter Period: (October 1, 2013 --- September 30, 2014)

Date: (Monday) October 27, 2014

Time: 3:04pm



SCOTT A. THOMPSON Executive Director

### OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

MARY FALLIN Governor

October 23, 2014

#### **CERTIFIED MAIL**

Mr. Omar Martinez (6WQ-SG) United States Environmental Protection Agency 1445 Ross Avenue Dallas, Texas 75202

Re:

Quarterly Report 4th Quarter FY2014

Dear Mr. Martinez:

Please find enclosed the Oklahoma Department of Environmental Quality Underground Injection Control Program's Summary of Facility Violations report and EPA Forms 7520-1, 2A, 2B, 3, and 4 for the fourth quarter of the 2014 Federal Fiscal Year.

If you have any questions regarding the report, please contact me at (405) 702-5188.

Sincerely,

Hillary Young, P.E.

Chief Engineer

Land Protection Division

Enclosures

Reference File Code: WA-UI-PP

PROTECTION BRANCH 14 OCT 27 PH 3: OU 6 WQ-S



## Summary of Facility Violations Oklahoma Department of Environmental Quality Underground Injection Control Program October 1, 2013 – September 30, 2014

Aleris Recycling, Inc. P.O. Box 1070 Sapulpa, OK 74067 Permit #IW-NH-3519019-R1

May 20, 2014

An NOV was issued following the semi-annual inspection for the loss of continuous monitoring. The loss of monitoring was due to a false reading on the monitoring charts after the pressure gauge had frozen. At the time of NOV issuance, a new pressure gauge had been installed. The NOV required no further action.

Pryor Chemical Company 16 S. Pennsylvania Oklahoma City, OK 73107 Site located in Pryor, Oklahoma Permit #IW-NH-3519019-R1

October 1, 2013

Following an internal audit and self-reporting of violations, DEQ conducted a site visit to clarify. As a result, an NOV was issued for exceeding the maximum permitted injection pressure, allowing the annulus pressure to drop below the injection pressure, and a loss of continuous monitoring. At the time of NOV issuance, PCC had upgraded its continuous monitoring equipment in an effort to prevent these types of violations in the future. The NOV required no further action.

December 26, 2013

An NOV was issued following the semi-annual inspection for a loss of continuous monitoring on two separate occasions. At the time of NOV issuance, PCC had upgraded its continuous monitoring equipment in an effort to prevent these types of violations in the future. The NOV required no further action.

May 19, 2014

An NOV was issued following the semi-annual inspection for a loss of continuous monitoring and exceeding the permitted maximum flow rate. The exceedance of the maximum flow rate occurred during the testing of control system upgrades. Corrections to the system program were made in response to the exceedance. Also, at the time of NOV issuance PCC had completed installation of backup digital continuous monitoring. The NOV required no further action.

Signature and Typed or Printed Name and Title of Person Completing Form

	ı	Inite	d State	es Environmental Protection	Amanau		B NO. 2040-									
		Offi	ce of (	Ground Water and Drinking V	Agency Vater	I. Name	and Addres	s of Repo	rting Age	ency						
		1112		Washington, DC 20460		Uni	ited States	Environn	nental Pr	otection A	gency					
O ED	A -	UK	ے Fe	deral Reporting Syst	em	Oklaho										
<b>⊕EP</b>	A Part	l: F	err <sup>2</sup>	mit Review and Is	suance/	Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677										
		V	Vells	s in Area of Revie	w	Oklaho	ma City, O	klahoma	73131-1	1677						
		(i	This ir uthorit	nformation is solicited under ry of the Safe Drinking Water /	r the Act)	derito qui a manda a a a a a a a a a a a a a a a a a a										
II. Date Prepa	ared <i>(month, da</i>	y, ye	ar)	III. State Contact (name, te	lephone no.)	IV. Repo	rting Perio	d (month,	year)							
10/23/2014				Hillary Young, 405-702-	-5188	From			7	ГО						
		-				Octo	ber 1, 2	-		09/30/2						
								Class and	Type of	Injection W	ells					
								<u> </u>								
			lte	m		- 1	SWD	ER	нс	111	IV	l v				
V. Permit	Number of Peri	nit A	pplica	tions Received		0	2D	2R	2H	_	0	7				
Application		Г	Num	ber of Individual	New					0	V	0				
		Α		nits Issued	Wells	1	approximately ap			0	0	0				
	Permit		(One	e Well)	Existing Wells	1	Environment of the control of the co			0	0	0				
VI.		В		ber of area Permits* Issued	New Well Field	0				0	0	0				
Permit Determin-	Issued			e instructions on back)	Existing Well Field	0				0	0	0				
ation		С	Num	ber of Wells in Area Permits	New Wells	0			Phonostructure	0	0	0				
		Ľ	(See	B above)	Existing Wells	0		The state of the s		0	0	0				
	Permit Not Issued	D		ber of Permits Denied/Withdi r complete technical review)		0				0	0	0				
	Modification Issued	E		ber of Major Permit fications Approved		1 .				0	0	0				
VII. Permit	Number of Ru	le-A			Wells Reviewed	0				0	0	0				
File Review	Class II Wells	Revi	ewed	<i>f</i>	Wells Deficient	0				0	0	0				
	Wells		Numi	ber of Wells	Abandoned Wells	22				0	0	0				
	Reviewed	Α	in Ar	ea of Review	Other Wells	10				0	0	0				
A **	Wells Identified		Numl	ber of Wells Identified	Abandoned Wells	0				0	0	0				
VIII. Area of	for C/A	В	for C	orrective Action	Other Wells	0	American and an arrangement of the state of	The state of the s		0	0	0				
Review (AOR)				mber of Wells in AOR with asing Repaired/Recemented	C/A			The state of the s		0	0	0				
	Wells	С	2. Nu Pl	mber of Active Wells in AOR lugged/Abandoned			Management of the state of the			0	0	0				
-	with C/A	C		mber of Abandoned Wells AOR Replugged						0	0	0				
			"C	mber of Wells in AOR with Other" Corrective Action				The second secon		0	0	0				
X. Remarks/A	d Hoc Report (	Attac	ch add	litional sheets if necessary)	www.tonanananananananananananananananananana							L				
						2										
l certify knowin	y that the statem igly false or misl	ents eadi	I have	made on this form and all att	Certification tachments the	eto are tru	e, accurate,	and com	plete. I	acknowledg	ge that any					

Reference File
Code: WA-UI-PP

Hillary Young Chief Engineer Date

10/23/2014

Telephone No.

(405) 702-5188

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System

Part II: Compliance Evaluation

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

I. Date Prepared (month, day, year)	III. State Contact (name, telephone no.)	IV. Reporting Period (month, year)	
10/23/2014	Hillary Young, 405-702-5188	October 1, 20 13	September 30, 2014

				,			Class and	Type of Ir	njection We	lls		
							, 11				N.	
	_	-	Item		ı	SWD 2D	ER 2R	HC 2H	Ш	IV	v	
v	Total Wells	Α	Number of Wel	ls with Violations	2	A Constant of the Constant of	Manager of the second		0	0	0	
v.			1. Number of l Injection Vi	Jnauthorized olations	0				0	0	0	
Summary			2. Number of I	Mechanical Integrity Violations	0		manusco de la constante de la		0	0	0	
of	Total	В	3. Number of 0	Operation and e Violations	3			Proprieta	0	0	0	
Violations	Violations	"		4. Number of I	Plugging Inment Violations	0	The second secon	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	The state of the s	0	0	0
			5. Number of I Reporting V	Monitoring and /iolations	5		Automotive of the	The state of the s	0	0	0	
			6. Number of (	Other Violations	0		The American		0	0	0	
	Total Wells	Α	Number of Well Enforcement Ac		2				0	0	0	
			1. Number of N	lotices of Violation	4				0	0	0	
VI.			2. Number of C	onsent Agreements	0 .				0	0	0	
Summary			3. Number of A	dministrative Orders	0				0	0	0	
of	Total Enforcement	В	4. Number of C	Civil Referrals	0				0	0	0	
Enforcement	Actions		5. Number of C	Criminal Referrals	0				0	0	0	
			6. Number of V	Vell Shut-ins	0				0	0	0	
			7. Number of P	ipeline Severances	0				0	0	0	
			8. Number of C (Specify)	ther Enforcement Actions	0		The state of the s		0	0	0	
VII. Summary of	Number of We			A. This Quarter	0	The state of the s	To distribute the second		0	0	0	
Compliance	Returned to C	omp	liance	B. This Year	2		The second secon		0	0	0	
VIII. Contamination	Number of Cas	ses c	of Alleged Contan	nination of a USDW	0		The second secon		0	0	0	
IX. MIT Resolved			ations Resolved		0		The state of the s		0	0	0	

X. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name	and Title of Person Completing Form	11.11	1/4.

- Unef Enameer

Date Telephone No. (405) 702-5188

EPA Form 7520-2A (12-/

Replaces EPA Form 7520-2 which is obsolete

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System
Part II: Compliance Evaluation
Significant Noncompliance

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

Date Prepared (month, day, year)	III. State Contact (name, telephone no.)	IV R

10/23/2014

Hillary Young, 405-702-5188

IV. Reporting Period (month, year)
From

October 1, 20 13

09/30/2014

Class and Type of Injection Wells SWD ER HC ltem 1 Ш IV V 2D 2R Total Number of Wells with SNC Violations 2 0 0 0 Wells Number of Unauthorized ٧. 0 0 0 Injection SNC Violations Summary Number of Mechanical Integrity 0 0 0 SNC Violations of Number of Injection Pressure 3. 0 0 **SNC Violations** Significant Total **Number of Plugging** В 4. 0 0 0 Violations and Abandonment SNC Violations Number of SNC Violations 0 0 Compliance 0 of Formal Orders Number of Falsification (SNC) 0 0 0 SNC Violations Number of Other SNC Violations 0 0 (Specify) monitoring fannulus press Number of Wells with 2 0 0 0 Wells **Enforcement Actions Against SNC** 1. Number of Notices of Violation 4 0 VI. 0 0 2. Number of Consent Agreements/Orders 0 0 0 Summary 3. Number of Administrative Orders 0 0 0 Total 4. Number of Civil Referrals 0 0 0 0 Enforcement В Enforcement 5. Number of Criminal Referrals 0 0 0 Actions Against 6. Number of Well Shut-ins 0 0 0 SNC 7. Number of Pipeline Severances 0 0 0 0 **Number of Other Enforcement Actions** 0 0 0 0 Against SNC Violations (Specify) VII. A. This Quarter 0 0 0 0 Number of Wells in SNC Summary Returned to Compliance 2 Compliance B. This Year 0 0 0 VIII. 0 Number of Cases of Alleged Contamination of a USDW 0 0 Contamination **Involuntary Well Closure** 0 0 Class IV/Endangering Class V Well Well Closures Closure Voluntary Well Closure 0 0

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing For m

Date

Telephone No.

10/23/2014

(405) 702-5188

CTIL VO AL

eplaces EPA Form 7520-2 which is obsolete.

**⊕EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

### UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

	ty of the date Dilliking Water Acty			
II. Date Prepared (month, day, year)	III. State Contact (name, telephone no.)	IV. Reporting Period (month,	year)	
10/23/2014	Hillary Young, 405-702-5188	From	То	
5		October 1, 20 13	09/30/2014	
		Class and	Type of Injection Wells	

							class and	Type of li	njection W	ells	
			ltem		1	SWD 2D	ER 2R	HC 2H	111	iv	v
	Total Wells	Α	Number of Wells inspected		5				0	0	0
V.			Number of Mechanical Integrity     (MIT) Witnessed	Tests	10				0	0	0
Summary			2. Number of Emergency Response Complaint Response Inspectio						0	0	0
of	Total Inspections	В	3. Number of Well Constructions Witnessed		0				0	0	0
Inspections			4. Number of Well Pluggings Witnessed	nber of Well ggings Witnessed					0	0	0
			5. Number of Routine/Periodic inspections		10	0		0	0		
	Total	Α	Number of Wells Tested or Evaluate for Mechanical Integrity (MI)	ed	5			4	0	0	0
	Wells	В		ed 2-part test	0				0	0	0
			Tested/Evaluated for MI Faile	d 2-part test	0				0	III	
VI.			1. Number of Annulus Pressure	Well Passed	9				0	0	0
			Monitoring Record Evaluations	Well Failed	1				0	0	0
Summary	Significant C Tubing Pressure Tests		Well Passed	10				0	0	0	
		Well Failed	0				0	0	0		
of	Leak	ak Sumber of Monitoring Well F. Record Evaluations Well F.	Well Passed	7				0	0	0	
			Well Failed	3				0	0	0	
Mechanical			4. No. of Other Significant Leak	Evaluations  Well Failed  Other Significant Leak  Well Passed					0	0	0
		_	Tests/Evaluations (Specify)	Well Failed	0				0	0	0
Integrity			1. Number of Cement	Well Passed	0				0	0	0
			Record Evaluations	Well Failed	0				0	0	0
(MI)	For		2. Number of Temperature/	Well Passed	0				0	0	0
	Fluid	D	Noise Log Tests	Well Failed	0				0	0	0
	Migration		3. No. of Radioactive Tracer/	Well Passed	0				0	0	0
			Cement Bond Tests	Well Failed	0				0	0	0
	Q.		4. No. of Other Fluid Migration	Well Passed	0				0	0 -	0
	T		Tests/Evaluations (Specify)	Well Failed	0				0	0	0
	Total Wells	Α	Number of Wells with Remedial Action		0				0	0	0
VII. Summary			Number of Casing Repaired/     Squeeze Cement Remedial Action	ons	0			Andrew entitle	0	0	0
of Bomodial	Total Remedial	В	2. Number of Tubing/Packer Remedial Actions		0			No. of Contrast of	0.	0	0
Remedial Action	Actions		3. Number of Plugging/Abandonm Remedial Actions		0				0	0	0
			4. Number of Other Remedial Action (Specify)	ons	0				0	0	0

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

	movingly raise of misicading statement may be punishable by line of imprisonment of both	under applicable law.
iana	ture and Typed or Printed Name and Title of Person Completing Form	

fellalite Hory 10-23-14 Hillow Young Chart Frame

Date 10/23/2014 Telephone No. (405) 702-5188

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

#### **UIC Federal Reporting System** Part IV: Quarterly Exceptions List

OMB No. 2040-0042 Approval expires 11/30/2014

I. Reporting Period

From

To

	(This information is colle	cted under the aut	-	Safe D	rinkin	ıg Wa	ter A	ct)				1	0/01/	2013					09	/30/2014
II.	III.	IV.	v. s	umm:							VI.	Sumr	_	of Enf		VII.				
Well Class and Type	Name and Address of Owner/Operator	Well ID No. (Permit No.)	Date of Violation	Unauthorized Injection	Well Mechanical Integrity	k (X) Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Date of Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	Date  Compliance  Achieved
				tion	tegrity		donment	grantening	-	posterior			1	er			position		parameter 1	
	None							Ш	Ш		parallelenia Administrativa Amerika								and the same of th	
	\$1.00 P. \$2.00 P. \$2.																			
									П	Management	A resident and a second and a s				Production of the last of the					
					I I			I I		Patterna					Toronto Control				housed	Account of the control of the contro
						Tanapan-p-									The second secon					
CONTRACTOR CONTRACTOR OF		and the second s					П	1							Name of the last o					
I certify	that the statements I have made on this forn	n and all attachmen applicable law.	its thereto are	true,		rtifica		omple	ete.	l ackı	nowledge that any k	nowi	ngly f	alse o	r mis	leadi	ng sta	iteme	nt may	/ be
	Person Completing Form		Typed or Pr	intod	Namo	and	Title					Date						Tale	phone	No.

Signature of Person Completing Form

Typed or Printed Name and Title

Telephone No.

Hillary Young, Chief Engineer

10/23/2014

(405) 702-5188

Previous edition is obsolete.